

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-045381**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 367 Primary Registration District No. 500 Registrar's No. 3280  
**FILED NOV 16 1962**

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 4031

2 400X

3 2

4 0

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11

12 43-2

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>Overland</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Normandy Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>1822 Leondale</u>	
3. NAME OF DECEASED (Type or print) First <u>LON</u> Middle <u>MORGAN</u> Last <u>MORGAN</u>		4. DATE OF DEATH <u>Nov 8 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/14/1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Worker</u>		11. BIRTHPLACE (City and state or country) <u>Boone Co Ky</u>	
13a. FATHER'S NAME <u>George Morgan</u>		14. NAME OF HUSBAND OR WIFE <u>June Morgan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Leonadd Morgan Overland Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary failure</u> DUE TO (b) <u>Cerebral anoxia,</u> DUE TO (c) <u>Cardiac decompensation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hepatic dysfunction due to cirrhosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72°</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9-62</u> Month, Day, Year <u>Nov 8, 1962</u>		20f. CITY, TOWN, OR LOCATION <u>St Louis Co Mo</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>9-62</u> to <u>Nov 8, 1962</u> and last saw him alive on <u>Nov 8, 1962</u> Death occurred at <u>6:15P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>Nov 9, 1962</u>	
22a. SIGNATURE (Degree title) <u>Fred G. Potts, D.O.</u>		22b. ADDRESS <u>9553 Lackland Rd St. Louis</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/12/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	
24. FUNERAL DIRECTOR <u>Ortmann F Home</u>		25. DATE RECD. BY LOCAL REG. <u>11-9-62</u>	
26. REGISTRAR'S SIGNATURE <u>John E. Murphy M.D.</u>		27. LOCATION (City, town, county) <u>St Louis Co Mo</u>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Al C. Outmann

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.